Guidelines for the Operation of Perinatal Units
(Obstetrics and Newborn Nursery)

ORGANIZATION

Obstetrics and newborn nursery services shall be under the direction of a member of the staff of physicians who has been duly appointed for this service and who has experience in maternity and newborn care.

There shall be a qualified professional registered nurse responsible at all times for the nursing care of maternity patients and newborn infants.

Provisions shall be made for pre-employment and annual health examinations for all personnel on this service.

Physical facilities for perinatal care in hospitals shall be conducive to care that meets the normal physiologic and psychosocial needs of mothers, neonates and their families. The facilities provide for deviations from the norm consistent with professionally recognized standards/guidelines.

The obstetrical service should have facilities for the following components:

A. Antepartum care and testing.

B. Fetal diagnostic services.

C. Admission/observation/waiting.

D. Labor.

E. Delivery/cesarean birth.

F. Newborn nursery.

G. Newborn intensive care (Specialty and Subspecialty care only).

H. Recovery and postpartum care.

I. Visitation.

STAFFING

The facility is staffed to meet its patient care commitments consistent with professionally recognized guidelines. There must be a registered nurse immediately available for direct patient care.

LEVELS OF CARE

Basic Care

A. Surveillance and care of all patients admitted to the obstetric service, with an established triage system for identifying high-risk patients who should be transferred to a facility that provides specialty or sub-specialty care.

B. Proper detection and supportive care of unanticipated maternal-fetal problems that occur during labor and delivery.

C. Capability to begin an emergency cesarean delivery within 30 minutes of the decision to do so.

D. Availability of blood bank services on a 24-hour basis.

E. Availability of anesthesia, radiology, ultrasound, and laboratory services available on a 24-hour basis.

F. Care of postpartum conditions.

G. Evaluation of the condition of healthy neonates and continuing care of these neonates until their discharge.

H. Resuscitation and stabilization of all neonates born in hospital.

I. Stabilization of small or ill neonates before transfer to a specialty or sub-specialty facility.

J. Consultation and transfer agreement.

K. Nursery care.

L. Parent-sibling-neonate visitation.

M. Data collection and retrieval.

Specialty Care

A. Performance of basic care services as described above.

B. Care of high-risk mothers and fetuses both admitted and transferred from other facilities.

C. Stabilization of ill newborns prior to transfer.

D. Care of preterm infants with a birth weight of 1,500 grams or more.

E. Treatment of moderately ill larger preterm and term newborns

Sub-specialty Care

A. Provision of comprehensive perinatal care services for both admitted and transferred mothers and neonates of all risk categories, including basic and specialty care services as described above.

B. Research and educational support.

C. Analysis and evaluation of regional data, including those on complications.

D. Evaluation of new technologies and therapies.

E. Maternal and neonate transport.

PERINATAL CARE SERVICES

Antepartum Care

There should be policies for the care of pregnant patients with obstetric, medical, or surgical complications and for maternal transfer.

Intra-partum Services: Labor and Delivery

Intra-partum care should be both personalized and comprehensive for the mother and fetus. There should be written policies and procedures in regard to:

1. Assessment.
2. Admission.
3. Medical records (including complete prenatal history and physical).
4. Consent forms.
5. Management of labor including assessment of fetal well-being:
    a. Term patients.
    b. Preterm patients.
    c. Premature rupture of membranes.
    d. Preeclampsia/eclampsia.
    e. Third trimester hemorrhage.
    f. Pregnancy Induced Hypertension (PIH).
6. Patients receiving oxytocics or tocolytics.
7. Patients with stillbirths and miscarriages.

8. Pain control during labor and delivery

9. Management of delivery.

10. Emergency cesarean delivery (capability within 30 minutes.)
11. Assessment of fetal maturity prior to repeat cesarean delivery or induction of labor.

12. Vaginal birth after cesarean delivery.

13. Assessment and care of neonate in the delivery room.

14. Infection control in the obstetric and newborn areas.

15. A delivery room record shall be kept that will indicate:
    a. The name of the patient.
    b. Date of delivery.
    c. Sex of infant.
    d. Apgar.
    e. Weight.
    f. Name of physician.
    g. Name of persons assisting.
    h. What complications, if any, occurred?
    i. Type of anesthesia used.
    j. Name of person administering anesthesia.

16. Maternal transfer.

17. Immediate postpartum/recovery care.

18. Housekeeping.

<u>New Born Care</u>

There shall be policies and procedures for providing care of the neonate including:

1. Immediate stabilization period.

2. Neonate identification and security.

3. Assessment of neonatal risks.

4. Cord blood, Coombs, and serology testing.

5. Eye care.

6. Subsequent care.

7. Administration of Vitamin K.

8. Neonatal screening.

9. Circumcision.

10. Parent education.

11. Visitation.

12. Admission of neonates born outside of facility.

13. Housekeeping.

14. Care of or stabilization and transfer of high-risk neonates.

Postpartum Care

There shall be policies and procedures for postpartum care of mother:

1. Assessment.

2. Subsequent care (bed rest, ambulation, diet, care of the vulva, care of the bowel and bladder functions, bathing, care of the breasts, temperature elevation).

3. Postpartum sterilization.

4. Immunization: RHIG and Rubella.

5. Discharge planning.

Source: *Guidelines for Perinatal Care, Second and Fourth Editions,* American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, 1988, 1992, and 1997.